



SUNDERLAND
BOROUGH ASYLUM.


FOURTH
Annual Report.

FOR THE YEAR 1898.



HERALD AND POST GENERAL PRINTING WORKS, WEST WEAR STREET.

1899.



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COMMITTEE OF VISITORS

OF THE

SUNDERLAND BOROUGH ASYLUM.

Councillor ANNISON, J.P., Chairman.

Councillor H. J. TURNBULL, J.P., Vice-Chairman.

Alderman Bell, J.P.

Councillor Crown.

The Mayor (Ald. Bruce).

Cutter.

Alderman Burns.

Hindmarch

Coates.

Hudson.

Richardson, J.P.

Nicholson.

Smith.

Ranken.

Councillor Alder.

Ritson.

R. Gordon Bell.

Sanderson, J.P.

Biggam.

John Turnbull.

Chapman.

Watson.

Clerk to the Committee—FRAS. M. BOWEY, Esq., Town Clerk.

Treasurer—E. W. WILSON, Esq.

OFFICERS OF THE ASYLUM.

Medical Superintendent...James Middlemass, M.D., F.R.C.P.E.

Assistant Medical Officer.....Thomas Yeates, M.B., C.M.

ChaplainRev. A. M. D. Du Pré.

Clerk and StorekeeperMr. Anthony J. Hall.

MatronMiss Margaret Harper.

Head AttendantMr. Lewis Calder.

COUNTY BOROUGH OF SUNDERLAND.



Council Meeting, 14th June, 1899.



REPORT of the VISITING COMMITTEE

OF THE

Sunderland Borough Asylum.

1898-99.



THE Visiting Committee, in accordance with the provisions of the Lunacy Acts, and of the resolution of the Council, beg to present their Fourth Annual Report upon the management of the Institution. The Report of the Medical Superintendent, with the usual Statistical Tables, also the Reports from the Commissioners in Lunacy, are attached.

The Patients' and Officials' Ordinary Dietary, a List of the Asylum Staff, with the rates of payment and length of service, the Land, Buildings, and Furnishing Capital Account, and the Accounts of the Treasurer and Clerk of the Asylum, for the year ended the 31st March last, are also submitted.

The Committee have pleasure in reporting that the re-arrangement of the Drainage is rapidly approaching satisfactory completion, and upon this, and all other matters in relation to the conduct of the Asylum during the year, they beg to refer the Council to the Annual Report of the Medical Superintendent.

A Special Report from the Medical Superintendent as to the proposed extension of the Asylum is also presented herewith. The subject is having the careful consideration of the Committee, and they will in due course report thereon to the Council.

RALPH B. ANNISON,

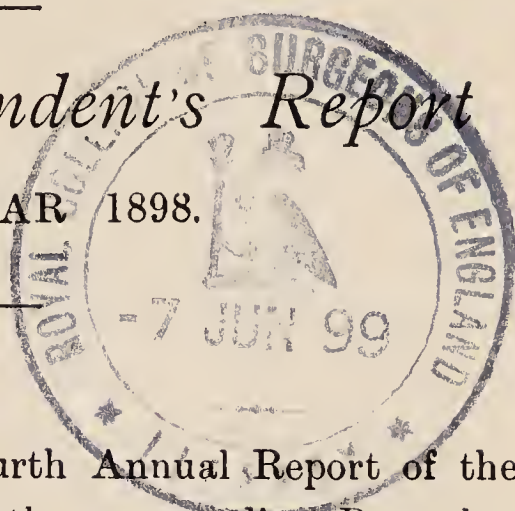
CHAIRMAN

3rd May, 1899.

SUNDERLAND BOROUGH ASYLUM.

Medical Superintendent's Report

FOR THE YEAR 1898.



MR. CHAIRMAN AND GENTLEMEN,

I beg to submit to you the Fourth Annual Report of the Sunderland Borough Asylum for the year ending December 31st, 1898. The usual Statistical Tables and Reports, and other documents of interest, are appended.

The Financial Statements are made up to March 31st 1899.

During the year 1898 the total admissions were 115, of whom 54 were men and 61 were women.

The discharges numbered 49, of whom 32 were men and 17 were women.

The deaths were 39 in number, 25 of them being men and 14 women.

The Admissions.

The number of admissions (115) was considerably above the average since the opening of the Asylum four years ago, and is, indeed, the largest number for any year since then, with one exception. This was accounted for largely by the acceptance of 20 female patients as boarders from the Middlesex County Asylum, and the figures included also 3 private patients, all of whom were women. Still, when these are subtracted the number remaining is almost up to that of the two preceding years, when it was just over 100. The Sunderland pauper patients numbered 92, 54 being men and 38 women. This large number brings prominently into notice the question of the existing accommodation in the Asylum, and its capacity to meet present demands and those of the near future. This has already been made the subject of a special report by me, a copy of which is appended. The remarkable rise in the number of patients

admitted to Ryhope, compared with those who were, formerly, sent to Sedgefield Asylum, is an interesting fact, which merits some attention. During the five years, 1890-94, an average of 63 patients were sent to Sedgefield every year, while, during the last three years, the average at Ryhope has been 99. This shows a rise of 57 per cent. To some this may appear as a positive proof that insanity is decidedly on the increase. But, when carefully considered, it will, probably, be found that other factors have had a much greater, if not the whole, influence in bringing about this increase. The chief of these is, undoubtedly, the greater proximity of the new Asylum than the one at Sedgefield. This has made the transference of patients to the Institution a much more expeditious process, and has also overcome one of the objections of relatives to removal from home. Ryhope is within easy distance of the town, and friends can visit the patients at much less expense both of time and money. It is a distinct advantage to the patients and relatives, also, when the Asylum is close at hand. As regards the patients, it enables those who have suicidal tendencies to be at once removed to conditions where this can be much more efficiently guarded against than at home. Of the admissions last year 43·5 per cent. were described as being suicidal; so this danger is not a small one. As to the relatives, it relieves them from this anxiety, and also from the risk of personal injury, which, in many cases, accompanies an attack of insanity. Last year, for example, 60 per cent. were described as dangerous on admission. It is also a good thing that the patients should be able to be readily visited. It prevents them feeling that they are neglected, or that they are regarded as outcasts from society. Many of them look forward to these visits with pleasure, and, undoubtedly, it proves a break in the necessary routine of their life.

Another factor which, probably, accounts for the increased admissions is that the insane wards of the Workhouse have recently become full, and, in consequence, some cases which formerly were sent there are now sent at once to the Asylum. But whatever the cause, the fact remains undoubted that more cases than formerly are now sent to the Asylum.

As in previous years, so last year, a large percentage of those admitted were in poor physical health. The exact ratio was 80 per cent., and only one patient was admitted in a thoroughly sound bodily condition. This emphasises a fact, already well known to Asylum Physicians, though, apparently, not yet sufficiently recognised by those who plan Asylums, that the patients require a very large amount of hospital care, and that, in consequence, the infirmary accommodation in an Asylum should be proportionately large.

There is no new feature in the causes of the mental disease which were ascertainable in the admissions. As before, previous attacks, hereditary predisposition, and intemperance in drink, sent by far the greater number of patients to the Asylum. An analysis of the forms of mental disease of those admitted shows that 22 were General Paralytics, 5 were Epileptics, in 6 there was some other form of organic brain disease, 18 suffered from adolescent insanity, and 8 from the insanity of old age.

The Discharges.

These numbered 49, of whom 34 were recovered. The percentage of recoveries on admissions was 36·5, which shows a decided increase over the previous year, when it was only 29·5. This number is still, however, slightly below the average for English County and Borough Asylums. The reason is largely that many of the patients are admitted suffering from gross brain disease from which it is impossible to expect complete recovery. The proportion of these in the Sunderland Asylum has always been abnormally high, though the cause of this is still somewhat obscure.

The Deaths.

During 1898 there were 39 deaths, 25 being men and 14 women. The percentage on the average number resident was 12·6, which is considerably above the average for the County and Borough Asylums in England, which in 1897, the last year for which statistics are available, was 9·81. The cause of the greatest number of deaths from one disease was General Paralysis, which accounted for 14, or 36 per cent. of the whole. This is a very large proportion, and accounts for the very high

death-rate. The next highest causes are Consumption and Influenza. From the former there were seven deaths. Most of these cases when admitted had traces of the disease present, and these, of course, it was practically impossible to cure. But with the most recent knowledge we now have regarding the infectious nature of this disease, it is incumbent on those who have charge of institutions where large numbers of people are associated with some who may act as a source of infection, to guard against this diffusion as effectually as possible. Probably the best means to accomplish this is to keep a careful outlook on all suspected cases, to segregate them as far as possible, and to carefully render innocuous all infectious material. Influenza was present in epidemic form, and caused five deaths. These were chiefly old people, or those exhausted by previous disease. There is no doubt that the disease is in itself a most weakening one, and was the cause of a prolonged deterioration of health in the case of many who did not actually succumb. This in its turn caused a great strain on the staff and accommodation of the hospital department.

During the year there were five inquests. This is a large number, and is to be accounted for by the fact that an inquest was held on the body of every patient who died with any bruises or abrasions, however slight. It is satisfactory to know that in every case the verdict was one of death from natural causes.

General History of the Institution.

A considerable number of improvements have been made during the past year in various departments of the Asylum. One of the most important of these has been the removal of the old farm buildings and the occupation of those recently erected. These old buildings were regarded as being both unsuitable and, what was still more important, as a source of danger to the health of the inmates of the Asylum, owing to their being close to it and at a higher level. They have now been removed and this danger with them. This has likewise resulted in a much better appearance being given to the entrance to the Asylum. At the same date the cottages for Attendants were occupied,

It is gratifying to know that the objects for which they have been built have been fully realized. A most desirable improvement has also been effected by the removal of the airing-court railings, which, to my mind, were a constant suggestion of a prison. It has been amply demonstrated that such a structure can be altogether dispensed with in the treatment of the patients, and no one can deny that they are unsightly, and cause an unpleasant impression. The ground formerly enclosed by them is intended to be drained, surrounded by a hedge, and laid out as a garden, which will give quite a pleasing aspect to the view from the day rooms. It would also be a very great boon if on the men's side a portion of it were laid out as a bowling green. The game is one that patients can readily join in, and in the summer evenings the opportunity of getting this enjoyment would do much to relieve the tedium of a long day. The patients get a sufficient amount of exercise either in working on the farm or in walking round the grounds in the earlier part of the day, but these can hardly be looked upon as amusements. Even if only a portion of the inmates can actually take part in the game, there is always a certain interest in watching the proceedings. I am also in hopes that in course of time a cricket pitch will be laid out, that the patients as well as attendants may indulge in this most healthy and attractive game. For the women and nurses I think a tennis court and croquet ground might perform the same useful functions. It has to be remembered that however comfortable and attractive the day rooms and dormitories are made, however skilfully and kindly they are nursed and attended to, patients in Asylums do appreciate enjoyments of various kinds. Owing to their misfortune, however, they cannot indulge in these when they will, as sane people can, and for this reason alone they might well feel keenly the deprivation of their liberty. I think the forms of recreation suggested would add materially to their contentment and do something to remove the feeling that their loss of liberty induces.

The heating and ventilation of the Wards has, from the first, caused some trouble, but during the past year several small improvements have been effected, and the results are now

on the whole fairly satisfactory. By the labour spent on making good the drains close to the subways, these passages, by which the warm and fresh air is distributed through the building, have been rendered much healthier, and, consequently, the former troubles in the shape of septic pneumonia, sore throats, and erysipelas, have practically disappeared. It is confidently hoped that, when the whole of the new drainage system is completed, the subways will, as of course they ought to, be absolutely secure from any possible contamination from sewage or surface water. But even if this end is attained it is still an open question whether the plenum system is from all points of view the best. It has undoubtedly many good points, but it requires constant and intelligent supervision. The air of the Wards, though absolutely pure, has not the same fresh feeling as in a room heated by an open fire, but, on the other hand, there are greater risks of accident when the latter are used. I would not be disposed to recommend any radical change, as this would of necessity be rather costly.

The new drainage scheme is now in a forward state, and no long time will elapse before it is completed. So far as I have seen the work is being well done, and the supervision exercised by the Clerk of Works is such that I feel confident that, when it is finished, it may be regarded as a sound piece of work. It is unnecessary to enter into any account of the condition of the drains originally laid down, but it may be stated that this was found to be such that the wisdom of having the whole system relaid was amply proved.

Various small improvements were made in the engineer's department. The chief of these was the erection of an efficient condenser on the return steam pipe. The result of this has been that the water is fed to the boilers at a temperature 30° or 40° higher than formerly. This has very much diminished the amount of coal required to generate the necessary steam. Another result has been that the circulation of steam in the pipes has been made much easier, and the pressure of steam has been able consequently to be somewhat reduced. This also has economised coal, as will be seen from a comparison of the figures for four months of last winter and the corresponding

months of the preceding. The figures were—1897, 468 tons, and 1898, 364 tons. Nor is this the only advantage, for during last winter, with the exception of three or four days, the steam required for all purposes has been provided by a single boiler, whereas formerly two were necessary.

The cylinder for furnishing hot water for use throughout the Asylum has also undergone some change. The iron pipes of large bore, with which it was originally fitted, gave considerable trouble by breakage at the bends. It was accordingly decided to substitute for them brass pipes of smaller bore, but of equal heating surface. As a consequence there has been no further trouble, and hotter water has been supplied with a less quantity of steam.

Another most important improvement is approaching completion. The water-softener, which the hardness of the water rendered practically necessary, after some delay, was taken in hand in the middle of December, and is now almost finished. In a few days, it is hoped, that it will be in operation.

The means available for coping with an outbreak of fire were last year thoroughly tested and found to be not quite adequate. Steps are now being taken to render them so, and thus make the inmates secure against all risk from the most terrible accident which could happen in an Asylum.

Two Commissioners in Lunacy visited the Asylum on February 4th, and their report was printed last year. A visit was also paid this year on March 13th, and the report is appended. The suggestions made by them will, doubtless, receive the careful attention of the Committee. Those made last year have either been already carried out or will shortly be so.

Deputations of the Sunderland Board of Guardians visited the Asylum on 13th January, 13th April, 20th July, and 6th October.

The Asylum was also visited by a number of other persons, the chief object of their interest being the night supervision and distribution of the patients. These were instituted by Dr. Elkins, and have been found to be very successful. Their main features consist in placing only quiet and well-behaved

patients in single rooms. Noisy, chattering, and destructive ones sleep in supervised dormitories, and, as a result of this plan, it is found that they are much less noisy, sleep better, and that destruction of clothing and bedding is practically unknown. Wet and dirty habits are also much better corrected, and, altogether, the system is very much to be commended.

During the year three attendants and six nurses passed the examination for the Nursing Certificate of the Medico-Psychological Association. This result is largely due to the careful and painstaking tuition to which they were subjected by Dr. Yeates. This Certificate is not only valuable to those who succeeded in obtaining it by assisting them to get better situations elsewhere, but is a distinct benefit to the patients, as it is a means of teaching those who attend on them how they may best discharge their duties, and efficiently meet any emergency that may arise. It also assists them to take a more intelligent interest in their work. The changes in the staff have not been numerous amongst the nurses, but amongst the attendants they have been more than is desirable. This is to be regretted, as it is a distinct advantage to have an experienced staff, and any means which will induce them to remain after they have been carefully trained is well deserving of the attention of the Committee. One attendant was summarily dismissed for striking a patient; but apart from this regrettable incident, I am glad to be able to report well of the staff generally. The Deputy Head Attendant (T. W. Watson) received important promotion in being appointed Head Attendant in a large Asylum in the South of England. Though his loss was much regretted, he was heartily congratulated, and took with him the best wishes for success in his new work.

I cannot close this my first Annual Report without giving my thanks to my various colleagues, Dr. Yeates, Mr. Hall, Miss Harper, and Mr. Calder, for the very efficient and zealous help they have given me in my endeavours to carry on the work of the Asylum, in its various departments, in the same satisfactory manner in which it was carried on by my predecessor.

I have also to express my gratitude to the Chairman, the Vice-Chairman, and the remaining Members of the Visiting Committee, for their uniformly ready help and encouragement in my work.

JAS. MIDDLEMASS, M.D., F.R.C.P.E.,

Medical Superintendent.

31st March, 1899.

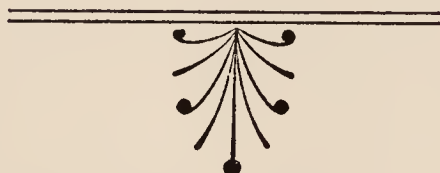


TABLE I.

Showing the Admissions, Re-admissions, Discharges, and Deaths
during the year ending 31st December, 1898.

	M.	F.	Total.	M.	F.	Total.
In the Asylum, 1st January, 1898				170	137	307
Cases admitted :—						
First Admissions	47	56	103			
Not First Admissions ...	7	5	12			
Total Cases admitted during the year				54	61	115
Total Cases under care during the year				224	198	422
Cases Discharged :—						
Recovered	22	12	34			
Relieved	6	4	10			
Not Improved	4	1	5			
Died ..	25	14	39			
Total Cases Discharged and Died during the year ...				57	31	88
Absent on probation, Dec. 31st, 1898.....	2	2	4			
Remaining in the Asylum, 31st December, 1898	165	165	330			
Total				167	167	334
Average Number Resident during the year 1898 ...				169	140	309
Persons under care during the year				219	206	415
Persons Admitted				51	60	111
Persons Recovered.....				22	12	34
Transferred to this Asylum ...				2	20	22
Transferred from this Asylum.				4	1	5

TABLE II.

Showing the Admissions and Recoveries of Persons from May
1895, to 31st December, 1898.

HISTORY OF RECOVERIES OF PERSONS.				The same, only omitting all persons transferred from other Asylums, &c.		
	M.	F.	Total.	M.	F.	Total.
Persons admitted during the 3 years and 7 months ...	338	313	651	202	143	345
Of whom were discharged re- covered during the same period, being 18·4 per cent. of persons admitted	73	48	121	64	45	109
Of whom were re-admitted relapsed	8	5	13	7	4	11
Recovered persons who have not relapsed	65	43	108	57	41	98
Relapsed persons discharged recovered .....	...	1	1	...	1	1
Net recovered persons, being 16·5 per cent. of persons admitted	65	44	108	57	42	99

TABLE III.
Showing the Admissions, Discharges, and Deaths, with the Mean Annual Mortality and Proportion of Recoveries per cent. on the Admissions since the opening of the Asylum.

YEAR.	DISCHARGED.												Died.			Remaining 31st December, 1899.			Average Number Resident.			Percentage of Recoveries on Admissions Excluding Transfers.			Percentage of Deaths on Average Number Resident.		
	Recovered.			Relieved.			Not Improved and not Insane.																				
										M	F	T	M	F	T	M	F	T	M	F	T	M	F	T			
	M	F	T	M	F	T	M	F	T																M	F	T
*1895	169	152	321	9	6	15	3	4	1	1	4	9	13	155	133	288	133	128	261	26.4	25.0	25.8	3.0	7.1	4.9		
1896	60	62	122	26	17	43	5	7	13	5	20	13	33	159	155	314	161	158	319	46.4	40.4	43.8	12.4	8.2	10.3		
1897	65	41	106	16	13	29	5	14	37	27	19	14	33	170	137	307	160	143	303	26.2	35.1	29.5	11.8	9.7	10.8		
1898	54	61	115	22	12	34	4	10	5	1	25	14	39	167	167	334	169	140	309	42.3	29.2	36.5	14.7	10.0	12.6		
	348	316	664	73	48	121	17	35	34	56	68	50	118														

* Asylum Opened on May 21st, 1895.

TABLE V.

Showing the length of residence in those discharged recovered, and in those who have died during the year 1898.

Length of Residence.	Recovered.			Died.		
	M	F	T	M	F	T
Under 1 Month	2	1	3	5	...	5
From 1 to 3 Mths.	12	4	16	5	1	6
„ 3 to 6 „	2	3	5	2	2	4
„ 6 to 9 „	4	2	6	2	1	3
„ 9 to 12 „	...	1	1	1	1	2
„ 1 to 2 Yrs.	...	1	1	5	3	8
„ 2 to 3 „	1	...	1	1	4	5
„ 3 to 4 „	1	...	1	4	2	6
Total.....	22	12	34	25	14	39

TABLE VI.

State of bodily health and condition of those admitted during the year 1898.

	Males.	Females.	Total.
In good bodily health and condition.....	...	1	1
In average bodily health and condition.....	7	15	22
In indifferent bodily health and condition	16	20	36
In weak bodily health	25	18	43
In very weak bodily health and exhausted condition.....	6	7	13
Total.....	54	61	115

TABLE VII.

Showing the Duration of Disorder on Admission, in the Admissions, Discharges, and Deaths, during the year 1898.

DURATION OF DISEASE ON ADMISSION, IN FIVE CLASSES.											
CLASS.	ADMISSIONS.			DISCHARGES.					DEATHS.		
	M.	F.	Total.	Recovered.			Removed, Relieved, or otherwise.		M.	F.	Total.
				M.	F.	Total.	M.	F.			
FIRST CLASS— First attack, and within three months on admission ..	13	14	27	9	6	15	2	2	7	4	11
SECOND CLASS— First attack, above three and within twelve months on admission	13	4	17	5	2	7	1	1	7	1	8
THIRD CLASS— Not first attack, and within twelve months on ad- mission	11	11	22	4	4	8	2	...	...	1	1
FOURTH CLASS— First attack or not, but of more than twelve months on admission	16	31	47	4	...	4	2	1	11	8	19
FIFTH CLASS— Congenital	1	1	2	...	...	...	3	1	...	...	...
TOTAL	54	61	115	22	12	34	10	5	25	14	39

TABLE VIII.

Showing in Quinquennial Periods the Ages of those Admitted, Recovered, and Died during the Year 1898,
and of those remaining on 31st December, 1898.

AGES.	The Admissions.			Recovered.			Deaths.			Patients Resident 31st December, 1898.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
5 years and under 10 years...	...	...	...	...	...	...	...	...	...	...	...	...
10 " "	1	1	2	...	...	...	...	...	...	1	1	2
15 " "	1	2	3	...	1	1	...	...	...	2	1	3
20 " "	8	4	12	...	3	5	...	...	...	17	3	20
25 " "	6	9	15	2	2	4	...	...	2	14	15	29
30 " "	4	6	10	3	2	5	2	2	3	19	16	35
35 " "	3	7	10	2	2	4	1	1	3	21	19	40
40 " "	9	8	17	6	2	7	2	4	6	22	22	44
45 " "	6	5	11	2	1	3	7	2	9	18	18	36
50 " "	5	5	10	1	...	1	4	1	5	16	16	32
55 " "	4	6	10	1	1	2	4	1	5	8	20	28
60 " "	...	3	3	2	...	2	...	1	1	14	12	26
65 " "	4	3	7	...	...	...	3	1	4	11	9	20
70 " "	1	1	2	...	...	...	...	1	1	3	6	9
75 " "	2	...	2	1	...	1	...	...	...	1	7	8
80 " "	...	1	1	...	...	...	...	...	...	...	1	1
85 " "	...	...	...	...	...	...	...	...	...	...	...	...
85 and upwards.....	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL.....	54	61	115	22	12	34	25	14	39	167	167	334
MEAN AGE.....	42.0	41.7	41.8	42.5	31.3	38.5	48.7	47.2	48.2	42.3	47.9	45.1

TABLE IX.

Showing the Condition as to Marriage in the Admissions, Recoveries, and Deaths during the Year 1898,
and of those remaining 31st December, 1898.

CONDITION IN REFERENCE TO MARRIAGE.	The Admissions.			The Recoveries.			The Deaths.			Patients Resident December 31st, 1898.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	19	26	45	10	6	16	2	4	6	59	74	133
Married	31	26	57	10	6	16	21	9	30	102	66	168
Widowed	4	9	13	2	...	2	2	1	3	6	27	33
TOTAL.....	54	61	115	22	12	34	25	14	39	167	167	334

TABLE X.

Showing the probable causes of Insanity in the Patients admitted during the year 1898. (Patients transferred from other Asylums are not included.)

CAUSES OF INSANITY.	Number of instances in which each cause was assigned.								
	Admissions {			No. of cases					
				M 50.	F 61.	T 111			
	As predisposing cause.*			As exciting cause.			Total.†		
	M	F	T	M	F	T	M	F	T
MORAL.									
Domestic trouble (including the loss of relatives and friends) ...	2	...	2	2	4	6	4	4	8
Adverse circumstances (including business anxieties and pecuniary difficulties) .....	...	...	...	3	...	3	3	...	3
Mental anxiety and worry (not included under the above two heads), and overwork	1	...	1	1	2	3	2	2	4
Religious excitement .....	...	...	...	...	1	1	...	1	1
Love affairs (including seduction) .....	...	...	...	...	...	...	...	...	...
Fright and nervous shock .....	...	...	...	...	1	1	...	1	1
Solitary Life .....	...	...	...	...	...	...	...	...	...
PHYSICAL.									
Intemperance in drink .....	...	...	...	19	6	25	19	6	25
" sexual .....	...	...	...	...	...	...	...	...	...
Venereal disease .....	...	...	...	...	...	...	...	...	...
Self abuse (sexual)	1	...	1	...	...	...	1	...	1
Over exertion .....	...	...	...	...	...	...	...	...	...
Sunstroke.....	...	...	...	1	...	1	1	...	1
Accident or injury	3	...	3	...	...	..	3	...	3
Pregnancy .....	...	...	...	...	1	1	...	1	1
Parturition & the puerperal state .....	...	...	...	...	2	2	...	2	2
Lactation .....	...	...	...	...	1	1	..	1	1
Uterine and ovarian disorders ...	...	...	...	...	...	..	...	...	...
Puberty and adolescence	8	8	16	...	...	...	8	8	16
Change of life ..	...	5	5	...	...	...	...	5	5
Fevers, Typhoid .....	...	...	...	1	...	1	1	...	1
" Influenza .....	...	...	...	...	1	1	...	1	1
" Scarlet .....	...	...	...	1	...	1	1	...	1
Old age	3	2	5	2	2	4	5	4	9
Epilepsy .....	...	...	...	4	1	5	4	1	5
Cerebral Disease	1	...	1	20	7	27	21	7	28
Other bodily disease or disorders.	1	...	1	...	2	2	1	2	3
Previous attacks	10	17	27	...	...	...	10	17	27
Hereditary influences ascertained (direct or collateral)	17	12	29	...	...	...	17	12	29
Congenital defect ascertained ...	1	2	3	...	...	...	1	2	3
Other ascertained causes ...	...	...	...	...	...	...	...	...	...
Unknown .....	...	...	...	...	...	...	...	13	13

* With reference to the distinction between “predisposing” and “exciting” causes, it must be understood that no single cause is enumerated as both predisposing and exciting in the case of any individual patient.

† The figures in the total column represent the entire number of instances in which the several causes (either alone or in combination with others) were stated to have produced the mental disorder. The excess of the aggregate of such causes over the number of patients admitted is owing to combinations of cause.

TABLE XI.

Showing the form of Mental Disorder on Admission, in the Admissions, Recoveries, and Deaths of the Year, 1898, and the Form of Mental Disorder on the 31st December, 1898.

FORM OF MENTAL DISORDER.	Admissions.			Recoveries.			Deaths.			Remaining in Asylum, 31st December, 1898.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
Congenital or Infantile Mental Deficiency—												
" (A) with Epilepsy...	...	2	3	...	...	...	...	...	...	4	...	4
" (B) without Epilepsy	1	1	5	...	...	...	...	...	...	10	...	20
Epilepsy acquired	4	4	22	...	...	...	...	...	...	23	7	30
General Paralysis of the Insane	18	8	15	7	...	7	13	2	1	12	5	17
Mania—Simple	7	3	4	1	3	4	2	1	2	15	19	34
" Acute	1	3	3	1	...	...	...	...	...	...	1	1
" Chronic .....	...	3	10	...	1	...	...	1	1	13	21	34
" Delusional	4	6	2	4	...	5	1	2	3	9	11	20
" Homicidal	2	...	13	1	...	1	...	...	...	2	...	2
Melancholia—Simple	5	8	...	4	3	7	2	...	...	14	20	34
" Chronic .....	...	...	...	...	...	...	...	...	...	...	...	...
" Hypochondriacal	...	1	1	...	...	...	...	...	...	...	4	4
" Delusional	7	11	18	2	2	4	...	...	...	...	9	18
" Excited .....	...	...	...	...	...	...	1	...	1	...	1	1
" Stuporose .....	...	2	2	...	...	...	1	2	3	...	1	5
" Suicidal	3	5	8	3	3	6	2	1	3	2	3	...
" Resistive .....	...	1	1	...	...	...	...	...	...	...	...	...
Secondary Dementia	2	6	8	...	...	...	2	3	5	54	55	109
TOTAL.....	54	61	115	22	12	34	25	14	39	167	167	334

TABLE XII.

Showing the occupation of those admitted during the
year 1898.

MALE.		FEMALE.	
Agent	1	Charwomen.....	2
Barman.....	1	Domestic Servants	12
Boiler Maker	1	Housekeeper.....	1
Bottle Maker	2	Housewives.....	27
Blacksmith	1	Laundress.....	1
Carver and Gilder	1	Midwife	1
Crane Man	1	Milliner.....	1
Dentist	1	Teachers	2
Engine Fitters	3	Tramp	1
General Dealers	2	Washerwoman	1
Hair Dresser	1	No Occupation.....	12
Joiners.....	3		—
Labourers	15	Total	61
Marine Engineers	2		—
Miners	2		
Master Mariner.....	1		
Painter	1		
Platers	2		
Riveters.....	4		
Shipwright	1		
Soldier	1		
Tailor.....	1		
Teachers	2		
Tripe Preparer	1		
Watchmaker.....	1		
No Occupation.....	2		
	—		
Total	54		
	—		

TABLE XIII.

Religious Persuasion of those admitted during the year 1898
(Including those Patients transferred from
other Asylums.)

Religion.	Males.	Females.	Total.
Church of England	29	33	62
Roman Catholic.....	8	10	18
Presbyterian	5	2	7
Methodist Free Church .....	...	1	1
Wesleyan Methodist.....	2	4	6
Primitive Methodist.....	5	2	7
Congregationalist	2	1	3
Salvation Army.....	...	1	1
Unknown	1	3	4
Plymouth Brethren	1	...	1
Lutheran	1	...	1
Christian Lay .....	...	1	1
Baptist .....	...	2	2
Calvanist.....	...	1	1
TOTAL.....	54	61	115

TABLE XIV.

Admissions, Discharges, and Deaths each Month.

1898.	ADMISSIONS.			DISCHARGES.			DEATHS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
January.....	2	4	6	5	1	6	2	...	2
February	6	2	8	4	2	6	1	...	1
March	5	2	7	4	2	6	...	3	3
April	4	1	5	2	...	2	2	6	8
May	8	4	12	1	3	4	3	2	5
June	7	3	10	...	1	1	3	...	3
July	2	6	8	4	...	4	1	...	1
August	7	5	12	3	2	5	3	1	4
September.....	2	4	6	1	...	1	4	...	4
October	6	1	7	2	5	7	2	1	3
November	4	6	10	1	1	2	2	...	2
December	1	*23	24	5	...	5	2	1	3
TOTAL.....	54	61	115	32	17	49	25	14	39

* Includes 20 boarders from Middlesex County Asylum.

TABLE XV.

Showing the Hereditary Predisposition to Insanity in those
admitted during the Year 1898.

(Ascertained in 32 individuals—18 Males and 14 Females.)

DEGREE OF HEREDITY.	Male.	Female.	Total.
1.—Direct—			
(a) Paternal	1	1	2
(b) Maternal	3	5	8
2.—Reversional—			
(a) Paternal Grandparents	3	1	4
(b) Maternal Grandparents.....	1	...	1
3.—Collateral—			
(a) Brothers or Sisters	7	3	10
(b) Paternal Uncles or Aunts	1	..	1
(c) Maternal Uncles or Aunts.....	...	2	2
(d) Paternal Grand Uncles or Aunts...	..	...	...
(e) Maternal Grand Uncles or Aunts...	...	...	...
(f) Cousins .....	...	...	...
4.—Remote—			
Hereditary Predisposition, but not defined	3	1	4
5.—Unknown	35	48	83
Total.....	54	61	115

In 15 of the above predisposed cases Hereditary Influence acted in more than one channel. This, however, is not shown on the table.

TABLE XVI.

Table showing the number of Patients, their Admissions, Discharges, and Deaths, with reference to Chargeability during the year.

	DISCHARGED.									Transferred to other Asylums.			DIED.			Remaining 31st Dec., 1898.					
	ADMITTED.			Recovered.			Relieved.			Not Improved.			M.	F.	T.	M.	F.	T.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Pauper	54	38	92	22	11	33	5	3	8	1	0	1	4	0	4	25	14	39	167	144	311
Out-Borough .....	..	20	20	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	21	21
Private .....	..	3	3	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	2	2
Criminal.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL.....	54	61	115	22	12	34	5	4	9	1	0	1	4	1	5	25	14	39	167	167	334

TABLE XVII.

Forms of Insanity in those admitted—Skac's Classification.

	Males.	Females.	Total.
Congenital Insanity	1	2	3
Epileptic Insanity.....	4	1	5
Pubescent Insanity .....	...	1	1
Adolescent Insanity.....	10	8	18
Climac teric Insanity.....	...	4	4
Senile Insanity	4	4	8
Insanity of Pregnancy .....	...	1	1
Puerperal Insanity .....	...	2	2
Lactational Insanity.....	...	1	1
General Paralysis	18	4	22
Alcoholic Insanity	9	5	14
Paralytic Insanity	3	2	5
Insanity of Organic Brain Disease.....	...	1	1
Unknown	5	25	30
TOTAL... ..	54	61	115

TABLE XVIII.

Showing the Number of Previous Attacks among Persons admitted during the year 1898, distinguishing those Attacks that have been treated to Recovery in this Asylum from those treated in other Asylums or elsewhere.

NUMBER OF PREVIOUS ATTACKS.	Persons.			ATTACKS.					
				Recovered from in this Asylum.			Recovered from in other Asylums or elsewhere.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Had 1 Previous Attack	5	10	15	4	1	5	1	9	10
„ 2 „ Attacks	3	...	3	1	...	1	5	...	5
„ 3 „ „ .....	...	2	2	...	1	1	...	5	5
„ 4 „ „ .....	...	...	...	...	...	...	...	...	...
„ 5 „ „ .....	...	1	1	...	1	1	...	4	4
„ 6 „ „ .....	..	...	...	...	...	...	...	...	...
TOTAL.....	8	13	21	5	3	8	6	18	24

TABLE XIX.

Illustrations of Suicidal Tendency in those Admitted.

	Males.	Females.	Total.
Have Attempted Suicide	4	6	10
Have Meditated Suicide	11	13	24
Total Suicidal	15	19	34
Forms of Insanity in which Suicide was attempted :			
Melancholia	3	5	8
Mania.....	...	1	1
General Paralysis	1	...	1
Total	4	6	10
Forms of Insanity in which Suicide was meditated :—			
Melancholia	4	8	12
Mania.....	5	3	8
General Paralysis	2	1	3
Epileptic Insanity.....	...	1	1
Total	11	13	24
Nature of the Attempt :—			
Strangulation .....	...	1	1
Attempted to throw themselves out of Windows .....	...	1	1
Drowning... ..	1	...	1
Cut Throat... ..	...	2	2
Poisoning	2	2	4
Stabbing.....	1	...	1
Total	4	6	10

TABLE XX.

Giving data concerning Patients on December 31st, 1898.

Nationalty.	Males.	Females.	Total.
English	131	145	276
Scotch	7	6	13
Irish	22	12	34
Welsh	2	...	2
German	2	...	2
Dutch .....	...	1	1
Swede	1	...	1
American Indian (Half Caste) .....	...	1	1
	165	165	330
Epileptic	27	7	34
General Paralytic	12	5	17
Actively Suicidal	3	3	6
Number of Patients over 70	5	12	17
Under Continuous Supervision at Night	79	79	158
Employed Usefully	121	135	256
Per Centage of Patients usefully employed ...	73·3	81·8	77·6
Bedridden	8	4	12
Probably curable	10	17	27
* Number of Day Staff	21	19	40
† Number of Night Staff	5	5	10

*Excluding Matron, Deputy Matron, Head Attendant, Deputy Head Attendant, Artisan Attendants, and Maids.

†Under the heading Night Staff are included—1 Supernumerary Night Nurse, and 1 Supernumerary Night Attendant.

TABLE XXI.

Sunderland Pauper Patients on the 31st day of December,
1898.

	Male.	Female	Total.	Male.	Female	Total.
SUNDERLAND UNION, WITHIN THE BOROUGH—						
In Sunderland Borough Asylum, Ryhope	166	142	308			
In Durham County Asylum, Sedgefield .....	...	1	1			
In Sunderland Workhouse	37	40	77			
In Own Homes.....	1	7	8			
In Royal Albert Institution ...	...	2	2			
In Middlesex County Asylum ..	2	...	2	206	192	398
SUNDERLAND UNION, WITHOUT THE BOROUGH—						
In Durham County Asylum, Sedgefield	16	25	41			
In Sunderland Workhouse	4	3	7	20	28	48
CHARGEABLE TO BOROUGH FUND--						
In Sunderland Borough Asylum, Ryhope	1	2	3	1	2	3
GRAND TOTAL				227	222	449

Report of the Commissioners in Lunacy.

SUNDERLAND LUNATIC ASYLUM,

February 4th, 1898.

We learn to-day, on our visit, that Dr. Elkins has been appointed Superintendent of Leavesden, so we consider ourselves fortunate in having arrived here before his successor comes into office, who, of necessity, would not be able to give us all the information which we might desire.

There are several matters requiring attention. We learn that it is intended to place a water-softening apparatus close by the scullery at the main kitchen. If this be done, we hope it will not prevent the enlargement of the present scullery, which is much needed. The Infirmary accommodation is inadequate to the wants of the Asylum. The water-closet fittings are of a poor class, and at No. 5 on the female side the closets cannot be used, to the great inconvenience of the patients and nurses, who have to go to the adjoining ward. All the doors in the day-rooms and corridors, without exception, should be made to open outwards.

We hear that plans for the rearrangement of the drainage will be submitted to our office shortly by Mr. Little, of Carlisle, but as yet the plans have not been before the Asylum Committee. The heating apparatus does not act satisfactorily, and there is communication going on between the Asylum and Mr. Hine in this matter.

The patients in No. 6, who are the best class on the female side, ask for a piano. We hope their request will be granted.

There is no disinfection for patients' clothing at the Isolation Hospital, nor has anything been done to disinfect the sewage from this hospital before junction with the main system of drainage. This is a most important subject, and we again press the matter on the consideration of the Committee.

A door of communication should be made between the shoemaker's and tailor's shops, so that when necessary one artisan could overlook both shops. The old farmhouse still remains—it ought to be pulled down, the piggeries, &c., so close to the building are a never ceasing cause of anxiety and danger. We had complaints which we learn are justified about the want of warmth in the wards, and we think that in cold weather such as to-day with the snow on the ground fires should be lighted in the wards for warmth and the cheerful effect produced thereby.

A chaplain has been appointed who gives one service on Sundays and one in the week. The Roman Catholic priests come once a month. He is not, as he ought to be, paid, and services more frequent by than once a month should be given.

A man, J. W., told us that he was quite recently discharged from the Asylum and that the relieving officer who took him away made him sign a paper promising to pay the money due for his maintenance by the Guardians, and threatening him with legal process if he did not make some payment at the end of the first week. Should this tale be true, we think enquiry into the matter is required.

All the floors have been stained, beeswaxed, and dry-rubbed, and all the walls have been coloured. The day-rooms and dormitories were in excellent order, and the bed linen clean and well looked after. In bed we found 9 men and 16 women. Influenza has been rife in the neighbourhood, and 20 patients and 3 of the staff have been attacked. Erysipelas has appeared in 6 cases. 27 deaths have occurred, and the Coroner held one inquest on the body of a man who had not been 24 hours in the Asylum. A verdict of death from natural causes was returned.

We saw a dinner of soup and rice puddings served in the dining hall. It was evidently much relished.

There is a staff here of 20 men and 17 women for day and 5 of each sex for night duty. In addition, there are 1 Head and 1 Deputy Head Attendant in each division, so there is now no difficulty in the supervision of the bathing.

At the present time there is a vacancy in each division for a supernumerary attendant. The attendants on the male side do not remain long in the Asylum service. 14, that is over 50 per cent., have not been here a year, and 20, or about 80 per cent., have not lived 2 years here. We learn that high wages in the neighbourhood and the eight hours movement has to answer for this; but the necessity of employing skilled attendants accustomed to deal with the insane is so clear that the difficulty must be faced and a remedy devised.

There have been 6 serious casualties not ending fatally reported already to our board, and therefore need no further notice. Neither seclusion or restraint have been used since the last visit about 10 months ago.

No wet bed was reported in either division last night, and no patient was wearing any exceptional garb. Thirty-two patients suffer from epilepsy, and 7 are actively suicidal, and 12 are stated to be general paralytics.

About 75 per cent. of the patients attend the Church or the Roman Catholic services on Sunday, rather a smaller proportion the associated entertainments, of which one took place last night. The employed patients are also about 75 per cent. of the total, and we learn that no patient is entirely confined to the airing courts for exercise, we hope ere long the unclimbable fences will be removed.

Since last visit there has been	M.	F.	TOTAL.
Admitted	57	30	87
Discharged	35	41	76
,, of whom recovered	15	10	25
Died	17	10	27

There are on the books this day 165 men and 140 women—305 in all. Two of the women belong to the private class, and 1 of each sex are out-county. Four men and a woman are out on trial.

There is but one Assistant Medical Officer here who is aided by a clinical Clerk who is however not yet qualified. The case books are very well kept.

W. E. FRERE, } Commissioners
L. H. IRVING, } in Lunacy.

Report of the Commissioners in Lunacy.

SUNDERLAND LUNATIC ASYLUM,

MARCH 13TH, 1899.

We have inspected this Asylum, and find it generally, and apart from the derangement consequent upon the redrainage works, in very good order.

The wards and dormitories are bright and cheerful, and, in the latter, the beds and bedding are well attended to and clean. We were glad to observe that the w.c seats are being hinged, so as to lift up, and, on the male side, to allow of the pans to be used as urinals in lieu of the present ones, which will be abolished.

We would again urge the provision of one or more pianos for the Female Wards. There is a good supply of books and papers, and there are bookcases in the wards.

The redrainage of the Asylum is in progress under the direction of Mr. Little, of Carlisle, but we were somewhat surprised to see 9 inch pipes being used for some of the branch drains. For such drains it is not usual now, in Asylums, to use any larger than 6 inch, if so large.

We notice that a tank for softening water is being constructed. In connection with the water service we learn that there is not pressure in the fire main sufficient to allow of three jets being at once thrown on the roof. Some means of increasing the pressure is desirable. The farm buildings, we are glad to see, have been removed, all but the farmhouse, which is a solid and useful building. The formation of a cricket ground should be taken in hand.

We understand that, as suggested in a former entry in this book, the intakes of air for the Plenum System of warm-

ing and ventilation are about to be raised above the surface of the ground by means of shafts. The temperature of the wards is, we are told, under better control than formerly, but to-day we thought it was too high in some rooms. A steam heated callender, of good size, would be a useful addition to the laundry machinery; and a fan, to drive air through the drying horses, would add greatly to their power.

We have seen the patients, who are 330 in number. With very few exceptions they were very quiet and orderly, and none complained of anything but their detention. The state of their dress and their personal condition were satisfactory.

Since the visit of our colleagues, on February 4th, 1898, 126 patients have been admitted, 54 discharged or removed, of whom 42 had recovered; and 47 have died. Twenty of the patients, all women, are chargeable to the Middlesex County Asylum, where two Sunderland patients are boarded, and one woman is chargeable to Bethnal Green. The vacancies for patients are 8 on the male, and 12 on the female side. The percentage of recoveries upon the admissions, excluding transfers, in 1898 was 36·5; and that of the deaths upon the average number of patients in residence was 12·6. The 47 deaths, in the very satisfactory proportion of 96 per cent. of which *post-mortem* examination was made, were all natural and ordinary, 34 per cent. being from General Paralysis, and 17 per cent. from Phthisis. In five there were very small abrasions of the skin, but in none were there bedsores proper.

Inquests were held in six cases, all ordinary and natural deaths, but the bodies presenting small bruises or abrasions. We learn that the Coroner, acting upon what we think must have been a misapprehension of a communication from our Board, had thought that our Board's view was that in every case where bruises or abrasions existed an inquest should be held on the body; but this, we feel sure, is not the opinion entertained, nor does the Board desire to interfere in any way with the discretion in the matter of holding an inquest which is given him by the Lunacy Act, 1890.

There have been some cases of Influenza recently, but none of any other zymotic disease, since the last visit. One serious but not fatal casualty, resulting in the fracture of a rib from an accidental fall, has occurred since then.

There were 18 patients confined to bed to-day; 83 are under medical treatment. No mechanical restraint has been employed, and only one patient has, for a few minutes, been secluded, since the last visit. Only one case of wetted bed or bedding occurred since then; and we are informed that all patients liable to wet their beds sleep in associated dormitories under constant supervision. The system is continued here of placing all excited and troublesome patients to sleep in dormitories, reserving the single rooms for quiet cases.

The General Paralytics are 21 in number, or 6·3 per cent.; the male epileptics are 16 per cent., and the female 5 per cent. of the whole, and there are only 4 patients deemed to be actively suicidal. The patients attending chapel on Sunday are usually 73 per cent. of the whole. There are 52 Roman Catholics, for whom a Priest holds a service, and celebrates Mass once a month, but still gratuitously, not even his travelling expenses being paid. We cannot but regard this as discreditable.

The associated entertainments are usually attended by about 65 per cent. of the patients. Not many patients walk beyond the Asylum grounds, but about 90 per cent. are exercised on the estate, outside of the airing courts, and about 10 per cent. are confined to them. We should be glad if a larger number could walk outside the grounds. Of the men 80 per cent., and a like proportion of the women are usefully employed—very satisfactory proportions.

We saw the hall well filled with an orderly party of patients of both sexes, for whom the dinner provided consisted of meat and potato hash with bread, and with lemonade as beverage.

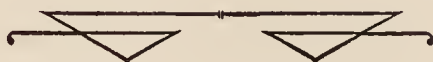
The staff for day duty comprises 23 men and 21 women, and for night duty 4 of each sex. Of the whole, 26 per cent. have under a year's service, and 48 per cent. over two years.

One male attendant only was in the past year dismissed for misconduct. The Deputy Head Attendant and Deputy Matron superintend the bathing of the patients.

We must point out that the Case Books are, in very many instances, much in arrears, and this state of things must not be allowed to continue, but the requirements of the Rules of the Commissioners in Lunacy, which have the force of law, must be strictly complied with.

Before concluding, we may refer to the question of extension, upon which Dr. Middlemass (who has succeeded Dr. Elkins as Medical Superintendent) has presented a report to the Committee. He advocates the erection of a detached Hospital, having connected with it wards for private patients. We do not think our Board would be indisposed to approve of such a building, providing a suitable site were found for it. It should not be placed so as to interfere in any way with the front of the present Asylum or the views from the wards. A Nurses' Residence is also suggested, and this we think is very desirable.

C. S. BAGOT,	}	COMMISSIONERS IN LUNACY.
F. NEEDHAM,		



REPORT
TO THE
COMMITTEE OF VISITORS
ON THE
PROPOSED EXTENSION
OF THE
ASYLUM AT RYHOPE.



BY THE
MEDICAL SUPERINTENDENT.

The question of the extension of the Asylum at Ryhope is one to which my predecessor, Dr. Elkins, drew attention in his last Annual Report, and since then circumstances have brought it still more prominently into notice.

In accordance with your request I have prepared the following Report :—

The matter resolves itself at the outset into two entirely separate considerations :—

I. Is an extension necessary ?

II. If it is, what form should it take ?

I. To answer the first question it is necessary to study both the number of patients admitted during the last three years, and also the number remaining at the end of each year. The following figures show this at a glance :—

No. Admitted.	Males.	Females.	Total.
1896	57	46	103
1897	63	39	102
1898	54	38	92

No. Remaining.	Males.	Females.	Total.
1895	152	130	282
1896	158	138	296
1897	170	134	304
1898	166	143	309

An analysis of these figures, which refer solely to Borough pauper patients, shows at least two things. *First*—That the number of admissions for the last three years has remained fairly constant. *Second*—If the totals remaining at the end of each year be taken into account, they show a steady rise in the numbers. This is most marked in the case of the male patients. Though both the above factors must be considered in deciding upon the question whether extension is necessary or not, it will readily be seen that it is the latter, viz. :—the number remaining at the end of each year, which has much the greater weight in the decision.

Ever since the opening of the Asylum it has been apparent that the greatest demands for its accommodation have been for male patients, and this is still as marked as ever. A few more facts on this question may be stated. The present accommodation for males is 175 beds, three of which are in padded rooms, and these may, for practical purposes, be put out of account. This leaves 172 beds available. At the end of 1898 the male patients numbered 166, which leaves only six empty beds. I have also investigated the number of days during the past year in which our space has been most severely taxed. The figures are as follows :—

On 25	days	there	were	0	empty	beds.
„ 47	„	„	was	1	„	bed.
„ 55	„	„	were	2	„	beds.
„ 66	„	„	„	3	„	„
„ 35	„	„	„	4	„	„

These figures reckon 172 as the full number. In other words, on 228 days, or nearly two-thirds of the year, we had only four empty beds or less. This shows how imminent overcrowding is, and how necessary it is that this question should be at once faced. I think it proves conclusively that the first question put above must be answered in the affirmative.

II. Coming now to the second question—What form should an extension take?—there is, undoubtedly, more room for a divergence of opinion. I may as well state at once the conclusion I have come to, and the grounds on which I have been led to it.

I think, all things considered, it is a Hospital or Infirmary which is most urgently required. In every Asylum there is a certain proportion of patients who, either on mental or bodily grounds, require Hospital nursing. Roughly speaking, this proportion, though liable to variation from epidemics such as Influenza and from other uncertain causes, may be put at about a fourth or a fifth of the total number of patients. At present the accommodation in our Hospital wards is only about a seventh, and, frequently, during the past year, we have had occasion to regret that we had not considerably more room of this kind. It will readily be seen that any addition to the number of patients will make the proportion which can be treated in the present Hospital wards still less, which would be very undesirable. In some Asylums the proportion set aside for patients of this class is as large as one-third, and this plan has much to recommend it. For one thing, it allows of all recent cases being sent to the Hospital Department, where they receive greater care, more individual attention, and all the medical and other means most conducive to a speedy recovery. Though this is, apparently, the most costly method, it is in reality the reverse, as under it, the patients are most likely to be a shorter time in the Asylum, and, therefore, least money has to be spent on their maintenance during the process of cure.

From the patients' point of view, also, it is more desirable. The public distrust of a person who has once been in an Asylum is only too well known, however ill-founded it may, in most cases, be. This feeling undoubtedly reacts on the unfortunate patient, and causes a dread of the return of his malady. If, however, the curable cases are treated in a distinctly Hospital department of the Asylum, this feeling is very much diminished in their minds. They come to regard their residence in the Asylum as much more in the nature of a stay in an ordinary Infirmary, and are thereby considerably reassured, and the

dread of the recurrence of their disease, of which I have spoken, is distinctly lessened. This, surely, is a great thing to accomplish. That such is really the case, I had an opportunity of witnessing recently in an Asylum where the Hospital idea is fully carried out.

Such are the considerations which have led me to the conclusion that a Hospital department is the form which it is most desirable that the extension should take. The chief one is its present insufficiency, and its still grater degree were the number of patients increased. There are, however, other aspects of the question which may with advantage be looked at. In the original plan of the Asylum future extension was contemplated by the building of blocks for chronic patients. Why, then, should this plan be departed from? The main reason is, as stated above, the difficulty there would then be in providing satisfactorily for Hospital cases. Another ward, in addition to the present one, would have to be set apart for this purpose. At present there is no ward adapted for this, from a structural point of view. It may further be stated that a second Hospital ward would entail a large addition to the staff, owing to the nature of the cases to be cared for. Whereas if an entirely new Hospital ward were built, the present staff would be transferred there, and very little addition to it would be necessary. Further, the present Hospital ward would then be available for chronic cases requiring a minimum of care, and in that way, also, the original design of the extension would be satisfactorily carried out.

I might also add, as a recommendation to the Hospital idea, though a subordinate one, that we should then be in a position to satisfactorily meet the requirements of the town and neighbourhood for the treatment of private patients of the middle classes. For this at present there is no adequate provision in the whole of the North of England.

Another question which is intimately connected with that of the extension of the Asylum is the provision of a Nurses' Home. This also is a matter to which Dr. Elkins directed attention last year. The rooms set apart originally

for the Nurses are all occupied, and in addition some rooms intended for patients have had to be taken for their accommodation. The chief difficulty, however, is in providing for the Night Nurses, of whom there are five. It is of course necessary that they should have quarters not liable to be noisy during the day when they are asleep. At present this is difficult to obtain, and it is undesirable to adopt with them the same measures as with the Night Attendants, who sleep outside. Quietness would be assured in a separate house. This could also be made to accommodate the Charge and Second Nurses, ten in number, making with the Night Nurses fifteen in all, and also any Nurse incapacitated from duty by illness. The patients' rooms at present occupied by Nurses would then be available for their original purpose. I would earnestly commend this proposal to the careful consideration of the Committee.

Patients' and Officials' Ordinary Dietary.

The Extra Diet for Sick and Debilitated, given on
Medical order, is not included.

Patients' Breakfast.—8.15 a.m.

MALES.

	Bread.	Butter or Margarine.	Coffee.	Tea.
	oz.	oz.	pt.	pt.
Sunday	8	$\frac{1}{2}$	1	...
Monday.....	8	$\frac{1}{2}$	1	1
Tuesday.....	8	$\frac{1}{2}$	...	...
Wednesday	8	$\frac{1}{2}$	1	1
Thursday	8	$\frac{1}{2}$	...	...
Friday	8	$\frac{1}{2}$	1	1
Saturday	8	$\frac{1}{2}$	...	...
Total	56	$3\frac{1}{2}$	4	3

FEMALES.

Sunday	6	$\frac{1}{2}$	1	...
Monday.....	6	$\frac{1}{2}$	...	1
Tuesday.....	6	$\frac{1}{2}$	1	...
Wednesday	6	$\frac{1}{2}$	...	1
Thursday	6	$\frac{1}{2}$	1	..
Friday	6	$\frac{1}{2}$	...	1
Saturday	6	$\frac{1}{2}$	1	...
Total	42	$3\frac{1}{2}$	4	3

Cocoa to be occasionally given in place of tea or coffee.

	TEA.	COCOA.	COFFEE.
	1 lb. Tea.	3 lbs. Cocoa	$\frac{3}{4}$ lb. Coffee
For 100 patients..	$3\frac{1}{4}$ lbs. Sugar	$3\frac{1}{4}$ lbs. Sugar	1 lb. Chicory
	2 galls. Milk	2 galls. Milk	$3\frac{1}{4}$ lbs. Sugar
			2 galls. Milk

To be at the option of the Medical Superintendent to substitute $1\frac{1}{2}$ oz. syrup, marmalade, or jam, not oftener than once a week, for butter. Instead of the ordinary bread, whole meal bread or rolls (white or brown) may be sometimes substituted.

Patients' Dinner.—1 p.m.

MALES.

	Cooked Meat free from Bone.	Uncooked Meat free from Bone.	Fish.	Pie Crust.	Stew.	Vegetables.		Bread.	Lemonade.
						Potatoes.	Other Vegetables.		
	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	pt.
Sunday.....	5	—	—	—	—	6	8	3	$\frac{1}{2}$
Monday	5	—	—	—	—	6	8	3	$\frac{1}{2}$
Tuesday	5	—	—	—	—	6	8	3	$\frac{1}{2}$
Wednesday	—	4	—	4	—	6	8	—	$\frac{1}{2}$
Thursday	5	—	—	—	—	6	8	3	$\frac{1}{2}$
Friday	—	—	12	—	—	6	8	3	$\frac{1}{2}$
Saturday	—	3	—	—	16	—	—	4	$\frac{1}{2}$
Total	20	7	12	4	16	36	48	19	$3\frac{1}{2}$

FEMALES.

	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	pt.
Sunday.....	4	—	—	—	—	5	8	3	$\frac{1}{2}$
Monday	4	—	—	—	—	5	8	3	$\frac{1}{2}$
Tuesday	4	—	—	—	—	5	8	3	$\frac{1}{2}$
Wednesday	—	4	—	4	—	5	8	—	$\frac{1}{2}$
Thursday	4	—	—	—	—	5	8	3	$\frac{1}{2}$
Friday	—	—	10	—	—	5	8	3	$\frac{1}{2}$
Saturday	—	3	—	—	16	—	—	3	$\frac{1}{2}$
Total	16	7	10	4	16	30	48	18	$3\frac{1}{2}$

DINNER.

SUNDAY.—Roast Pork, Beef, or Mutton.

MONDAY.—Corned Beef (compressed), with Salad Dressing or Pickles ($1\frac{1}{2}$ ounces each patient).

TUESDAY.—Roast Pork, Beef, or Mutton ; or Boiled Meat and Soup.

WEDNESDAY.—Meat Pies (either Fresh Meat or Australian Tinned Mutton).

THURSDAY.—Boiled Beef and Pickled Pork or Bacon ; or Tripe.

FRIDAY.—Fish, Fried or Boiled, with Melted Butter.

SATURDAY.—Irish Stew (made with either Fresh Meat or Australian Tinned Mutton).

The daily rotation of dinner may be varied at the discretion of the Medical Superintendent.

Irish Stew (liquor of the meat cooked on a previous day), thickened with 1 ounce dry vegetables, 6 ounces potatoes, and 4 ounces green vegetables, with 3 ounces uncooked meat, for each patient.

On Tuesdays, when there is Boiled Meat and Soup, 4 ounces of meat is served, and the Soup contains, for every 100 patients, liquor of meat boiled same day, with 6 lbs. barley, 3 lbs. peas, 3 lbs. rice, and 16 lbs. cabbage.

Every alternate Saturday, Puddings (such as Currant Dumpling, Rolly-poly, or Rice Pudding), with Soup, will take the place of Irish Stew.

The Lemonade for every 100 patients contains 3 lbs. Granulated Sugar, 6 ounces Cream of Tartar, and 8 ounces Lemon Juice.

When all Potatoes are issued for dinner the quantity is 10 ounces for the males and 9 ounces for the females ; or other vegetables 12 ounces each.

Fruit Pies (with 3 ounces of bread and 1 ounce of cheese) are supplied for dinner occasionally during the season.

Patients' Supper—6.15 p.m.

MALES.				FEMALES.			
	Bread.	Butter or Margarine.	Tea.		Bread.	Butter or Margarine.	Tea.
	oz.	oz.	pt.		oz.	oz.	pt.
Sunday	8	$\frac{1}{2}$	1	Sunday	6	$\frac{1}{2}$	1
Monday	8	$\frac{1}{2}$	1	Monday	6	$\frac{1}{2}$	1
Tuesday	8	$\frac{1}{2}$	1	Tuesday	6	$\frac{1}{2}$	1
Wednesday ...	8	$\frac{1}{2}$	1	Wednesday ...	6	$\frac{1}{2}$	1
Thursday	8	$\frac{1}{2}$	1	Thursday	6	$\frac{1}{2}$	1
Friday	8	$\frac{1}{2}$	1	Friday	6	$\frac{1}{2}$	1
Saturday	8	$\frac{1}{2}$	1	Saturday	6	$\frac{1}{2}$	1
Total	56	$3\frac{1}{2}$	7	Total	42	$3\frac{1}{2}$	7

Cocoa to be given occasionally in place of Tea.

To be at the option of the Medical Superintendent to substitute $1\frac{1}{2}$ oz. Syrup, Marmalade, or Jam, not oftener than once a week, for the Butter.

Instead of the ordinary bread, Whole Meal Bread or Rolls (white or brown) may be sometimes substituted.

Cake (made with flour, dripping, sugar, and seeds or currants) may be given once or twice a quarter instead of the bread and butter.

Extras for Working Patients.

Bread and Cheese, Milk, Butter, Tea, and Sugar to be given at the Medical Superintendent's discretion.

Weekly Dietary for the Officials.

Class.	Bread.	Uncooked Meat.	Potatoes and other Vegetables	Bacon.	Butter.	Oatmeal.	Fresh Fish.	Dried Fish.	Tea.	Coffee.	Sugar.	Milk.	Jam.	Puddings.
Attendants and other Male Officials.....	7 lbs.	7 lbs.	7 lbs.	1 lbs.	1 lbs.	$\frac{3}{4}$ lbs.	$\frac{1}{2}$ or $\frac{1}{2}$ lbs.	$\frac{1}{2}$ lbs.	2 oz.	4 oz.	1 lbs.	7 pt.	$\frac{1}{2}$ lbs.	Once.
Nurses and other Female Officials	7 lbs.	5 lbs.	7 lbs.	$\frac{1}{2}$ lbs.	$\frac{3}{4}$ lbs.	$\frac{3}{4}$ lbs.	$\frac{1}{2}$ or $\frac{1}{2}$ lbs.	$\frac{1}{2}$ lbs.	3 oz.	3 oz.	1 lbs.	7 pt.	$\frac{1}{2}$ lbs.	3 days.

THE ASYLUM STAFF,

WITH RATE OF PAYMENT AND LENGTH OF SERVICE,

UP TO 31ST MARCH, 1899.

OFFICERS.

	£	s.	d.		Yrs.	Mths.
¹ Medical Superintendent	350	0	0	per annum	1	1
Assistant Medical Officer.....	150	0	0	"	3	4
² Chaplain	120	0	0	"	1	7
² Clerk to Committee of Visitors	—				—	
² Treasurer	2	2	0	"		3
³ Clerk and Storekeeper	180	0	0	"	3	11
Matron	77	0	0	"	3	11
Head Attendant	67	0	0	"	3	11

DAY NURSES.

	£	s.	d.		Yrs.	Mths.
Deputy Matron	31	0	0	per annum	3	10
Charge Nurse	28	0	0	"	3	9
Charge Nurse	28	0	0	"	3	10
Charge Nurse	27	0	0	"	3	5
Charge Nurse	27	0	0	"	3	7
Charge Nurse	26	0	0	"	2	11
2nd Nurse	20	0	0	"	2	9
2nd Nurse	20	0	0	"	2	6
2nd Nurse	20	0	0	"	2	5
2nd Nurse	20	0	0	"	2	2
2nd Nurse	20	0	0	"	2	2
3rd Nurse	19	0	0	"	1	9
3rd Nurse	19	0	0	"	1	3
3rd Nurse	19	0	0	"	1	3
3rd Nurse	19	0	0	"	1	1
3rd Nurse	19	0	0	"	1	1
3rd Nurse	18	0	0	"		5
3rd Nurse	18	0	0	"		5
3rd Nurse	18	0	0	"		4
3rd Nurse	18	0	0	"		3

NIGHT NURSES.

	£	s.	d.		Yrs.	Mths.
Chief Night Nurse	31	0	0	per annum	3	10
Night Nurse	21	0	0	"	2	8
Night Nurse	20	0	0	"	2	7
Night Nurse	20	0	0	"	2	5
Night Nurse (Supernumerary)	20	0	0	"	2	0

MAIDS.

	£	s.	d.		Yrs.	Mths.
Cook	25	0	0	per annum	1	11
Kitchen Maid	19	0	0	"	1	6
House Maid	19	0	0	"	2	3
Hall Maid	19	0	0	"	2	3
Laundress	27	0	0	"	3	11
Laundry Maid ..	18	0	0	"		6
M.S. Cook	21	0	0	"	3	3
M.S. House Maid.....	19	0	0	"	1	4

DAY ATTENDANTS.

	£	s.	d.		Yrs.	Mths
⁸ <i>Deputy Head Attendant</i>	53	0	0	per annum	3	2
⁸ <i>Charge Attendant</i>	51	0	0	"	3	10
⁸ <i>Charge Attendant</i>	50	0	0	"	2	9
<i>Charge Attendant</i>	40	0	0	"	3	4
<i>Charge Attendant</i>	40	0	0	"	2	6
<i>Charge Attendant</i>	37	0	0	"	2	8
<i>Charge Attendant</i>	37	0	0	"	1	8
2nd Attendant	32	0	0	"	2	1
2nd Attendant	32	0	0	"	1	6
2nd Attendant	32	0	0	"	1	5
2nd Attendant	32	0	0	"	1	4
2nd Attendant	32	0	0	"	1	1
2nd Attendant	31	0	0	"		11
2nd Attendant	31	0	0	"		9
3rd Attendant	31	0	0	"		9
3rd Attendant	30	0	0	"		7
3rd Attendant	29	0	0	"		5
3rd Attendant	29	0	0	"		4
3rd Attendant	28	0	0	"		3
3rd Attendant	28	0	0	"		2
3rd Attendant	28	0	0	"		1
3rd Attendant	28	0	0	"		1

NIGHT ATTENDANTS.

	£	s.	d.		Yrs.	Mths.
⁹ <i>Chief Night Attendant</i>	74	0	0	per annum	3	8
⁹ <i>Night Attendant</i>	65	0	0	"	2	5
⁹ <i>Night Attendant</i>	63	0	0	"	1	6
⁹ <i>Night Attendant</i>	63	0	0	"	1	1
Night Attendant (Super-numerary).....	32	0	0	"	1	1

ARTISAN ATTENDANTS.

	£	s.	d.		Yrs.	Mths.
⁴ <i>Engineer</i>	2	0	0	per week	2	5
² <i>Engineman</i>	1	10	0	"	3	2
² <i>Fitter (temporary, for winter)</i>	1	16	0	"		5
² <i>Stoker</i>	1	8	0	"	4	0
² <i>Stoker (temporary, for winter)</i>	1	8	0	"		5
² <i>Plumber</i>	1	15	0	"	3	11
² <i>Painter</i>	1	15	0	"	3	8
² <i>Joiner</i>	1	17	6	"	3	0
² <i>Shoemaker</i>	1	12	0	"	3	8
² <i>Tailor</i>	1	10	0	"	3	5
² <i>Baker</i>	1	10	0	"	3	6
⁵ <i>Gardener</i>	1	8	0	"	3	10
⁶ <i>Farm Servant</i>	1	5	0	"	6	8
⁷ <i>2nd Farm Servant</i>	1	0	0	"	4	3

OTHER MALE OFFICIALS.

	£	s.	d.		Yrs.	Mths.
¹⁰ Assistant to Clerk and Store-keeper	70	0	0		3	11
Hall Porter	32	0	0		0	4
Mess Room Man	31	0	0		1	2

1. With furnished house, board, coal, washing, light, and attendance.
2. Neither boarded nor lodged.
3. Dinner only.
4. With unfurnished house and coal.
5. With unfurnished house, light, and vegetables.
6. With unfurnished house and potatoes.
7. Lives with his father, the farm servant.
8. Married. Including £10 for house rent.
9. Live out, and have bread, butter, and milk allowed for refreshment during the night.
10. Married. Including £10 for Rent and £21 for Board.

Those without a mark have board, lodging, and washing.

All in-door officials have uniform.

Italics indicate possession of an approved Nursing certificate.

COUNTY BOROUGH OF SUNDERLAND.

ASYLUM CAPITAL ACCOUNT.

Land, Buildings, and Furnishing.

	Original Estimate.			Expended to 31st March, 1899.			Estimated Balance to be Expended.			Sanction required.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Land	9000	0	0...	9000	0	0						
Foundations	9000	0	0...	8873	0	0						
Superstructure, Roads Forma- tion and Drainage, Relaying, &c.	61740	0	0...	62326	7	8...	2006	4	4...	2465	12	0
Electric Lighting	4083	0	0...	4194	10	7...				111	10	7
Heating and Ventilating	3844	0	0...	4228	0	3...				384	0	3
Architect, Quantity Surveyor, and Clerk of Works	5000	0	0...	5265	17	3...				265	17	3
Preliminary Expenses, Printing and Advertising, Prize Plans, Assessors' Fees, Expenses of Inquiry, Stamping Convey- ance, Counsel's Fees, &c. ...				947	15	6...				947	15	6
Bells and Telephones				387	15	0...				387	15	0
Cementing Airing Courts				470	1	11...				470	1	11
Salaries of Superintendent and Officers' Board and Lodgings prior to opening				505	13	9...				505	13	9
Laying out Grounds				619	16	1...				619	16	1
Erection of Greenhouses and Toolhouses, &c.				408	17	2...				408	17	2
Labour, Cartage, and Material, Building Retaining Walls, Coal Sheds, Sub-Soil Drain- age, Boiler Shed, &c.				1209	9	4...				1209	9	4
Water Softener and Foundations				35	2	6...	514	17	6...	550	0	0
Farm Buildings and Artisans' Dwellings				4651	4	10...	148	15	2...	4800	0	0
	92667	0	0	103123	11	10	2669	17	0	13126	8	10
Furnishings	7200	0	0	9073	11	2				1873	11	2
	£99867	0	0	£112197	3	0	£2669	17	0	£15000	0	0

Amounts borrowed—Land..... £9000

Buildings..... 49667

Furnishings... 7193½

Compensation from County 34000

£99860½

HASWELL BROWN,

Borough Accountant.

Sunderland,
1st May, 1899.

S U N D E R L A N D

Statement of Income and Expenditure

1st April, 1897, to 31st Mar., 1898.			INCOME.			Receipts.			Owing but not received.			Totals.		
£	s.	d.				£	s.	d.	£	s.	d.	£	s.	d.
1387	19	4	...	To Balance	1099	10	8½	...				...	1099	10 8½
				„ Guardians of Sunderland										
8194	12	11	...	„ Union	6440	9	8	...	2141	12	11	...	8582	2 7
				„ Newcastle-on-Tyne City										
66	0	0	...	„ Asylum.....	—			...	—			...	—	
—			...	„ Middlesex County Asylum	48	0	0	...	180	0	0	...	228	0 0
52	15	5	...	„ Sundry Unions	29	6	0	...	9	0	0	...	38	6 0
				„ Borough Fund—Main-										
91	14	7	...	„ tenance	63	11	10	..	20	16	3		84	8 1
				„ Borough Fund—Building										
528	2	8	...	„ and Repairs.....	272	7	0	...	188	15	2	..	461	2 2
				„ Private Patients—Main-										
79	0	3	...	„ tenance.....	104	19	10	...	—			...	104	19 10
				„ Funeral and Removal										
32	5	0	...	„ Expenses	26	12	0	...	6	1	0	...	32	13 0
				„ Sales, &c. :—										
143	13	11	...	„ Farm Sales	130	8	1	...	—			...	130	8 1
2	3	10	...	„ Rebate on Manure A/c	4	18	2	...	—			...	4	18 2
1	2	6	...	„ Old Stores	2	1	6	...	—			...	2	1 6
2	7	0	...	„ Fines	0	10	10	...	—			...	0	10 10
—			...	„ Rents	56	14	0	...	27	18	0	...	84	12 0
<u>£10581 17 5</u>					<u>£8279 9 7½</u>				<u>£2574 3 4</u>			<u>£10853 12 11½</u>		

Sunderland, 28th April, 1899.—Examined and found correct.

HENRY RAWLINGS, F.C.A., { Elective and Special Auditor, appointed by the Asylum Visiting Committee of the County Borough of Sunderland.

R. A. BROWN, F.C.A., Elective Auditor.

JOHN S. NICHOLSON, Mayor's Auditor.

B O R O U G H A S Y L U M .

from 1st April, 1898, to 31st March, 1899.

1st April, 1897, to 31st Mar., 1898.			EXPENDITURE.			Payments.			Accrued but not paid.			Totals.		
£	s.	d.				£	s.	d.	£	s.	d.	£	s.	d.
2669	5	4½	By Provisions			1996	17	4	666	19	4	2663	16	8
1031	18	3¼	„ Clothing			720	16	6	79	11	5	800	7	11
2656	12	1	„ Salaries and Wages			2838	6	8				2838	6	8
1053	10	10½	„ Necessaries			875	17	10	242	2	7	1118	0	5
133	19	9¼	„ Surgery and Dispensary..			58	14	7	10	10	0	69	4	7
1	0	0	„ Wines and Spirits			9	16	7	5	8	6	15	5	1
115	13	0	„ Furniture and Bedding...			28	3	8	17	11	8	45	15	4
382	3	9½	„ Farm and Garden			376	16	1	67	12	9	444	8	10
302	7	9	„ Miscellaneous			173	2	3½	45	10	1	218	12	4½
569	19	9	„ Rates and Taxes			700	4	10				700	4	10
24	15	0	„ Funeral Expenses			22	1	1	2	17	0	24	18	1
541	1	0	„ Building and Repairs ...			444	9	2	81	0	4	525	9	6
			„ Maintenance of 2 Boys at Middlesex County Asylum.....			4	12	0	18	0	0	22	12	0
9482	6	8½				8249	18	7½	1237	3	8	9487	2	3½
1099	10	8½	„ Balance									1366	10	8

£10581 17 5

£10853 12 11½

Owing but not received	2574	3	4		
Accrued but not paid.....	1237	3	8		
				1336	19 8
Balance in hands of Treasurer	25	10	2		
„ in hands of Clerk of Asylum.....	4	0	10		
				29	11 0
				£1366	10 8

HASWELL BROWN, Borough Accountant.

EDMD. WYATT GIBSON, { Treasurer of the Asylum Visiting
Committee of the County
Borough of Sunderland.

A. J. HALL, Clerk of the Asylum.

Summary of Cost per Head per Week.

	Sunderland Borough Asylum,			Average in Borough Asylums,		Average in County Asylums,	
	31st March, 1899.	31st March, 1898.	31st March, 1897.	31st March, 1897.	31st March, 1897.	31st March, 1897.	31st March, 1897.
Average Daily Number of Patients	316	299	322	—	—		
	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
Provisions	3 1 $\frac{6}{8}$...	3 5 $\frac{2}{8}$...	3 3 $\frac{4}{8}$...	2 10 $\frac{1}{4}$...	2 9 $\frac{1}{2}$		
Clothing.....	1 1 $\frac{3}{8}$...	1 4 $\frac{4}{8}$...	1 3 $\frac{6}{8}$...	0 9 $\frac{3}{8}$...	0 7 $\frac{7}{8}$		
Salaries and Wages	3 5 $\frac{2}{8}$...	3 4 $\frac{7}{8}$...	2 11 ...	2 10 $\frac{1}{8}$...	2 7		
Necessaries	1 4 ...	1 4 $\frac{5}{8}$...	1 6 ...	1 2 $\frac{7}{8}$...	1 0 $\frac{1}{8}$		
Surgery	0 1 ...	0 2 $\frac{2}{8}$...	0 1 $\frac{4}{8}$...	0 1 ...	0 0 $\frac{7}{8}$		
Wines and Spirits	0 0 $\frac{1}{8}$...	0 0 $\frac{1}{8}$...	— ...	0 0 $\frac{1}{2}$...	0 0 $\frac{5}{8}$		
Furniture and Bedding...	0 0 $\frac{6}{8}$...	0 1 $\frac{7}{8}$...	0 1 $\frac{3}{8}$...	0 7 $\frac{1}{8}$...	0 5		
Garden and Farm	0 5 $\frac{7}{8}$...	0 6 $\frac{1}{8}$...	0 4 $\frac{7}{8}$...	0 10 $\frac{3}{4}$...	0 9 $\frac{1}{8}$		
Miscellaneous	1 1 $\frac{2}{8}$...	1 1 $\frac{5}{8}$...	1 1 $\frac{7}{8}$...	0 7 $\frac{3}{4}$...	0 6 $\frac{1}{8}$		
	10 9 $\frac{3}{8}$...	11 7 $\frac{2}{8}$...	10 9 $\frac{7}{8}$...	9 11 $\frac{3}{4}$...	8 10 $\frac{1}{4}$		
Less moneys received for Goods and Produce sold	0 2 ...	0 2 $\frac{2}{8}$...	0 1 $\frac{4}{8}$...	0 3 $\frac{1}{8}$...	0 2 $\frac{1}{2}$		
	10 7 $\frac{3}{8}$...	11 5 ...	10 8 $\frac{3}{8}$...	9 8 $\frac{5}{8}$...	8 7 $\frac{3}{4}$		